

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SEARCH NO. _____
APPLICANT(S) _____

CLAIM NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	4					
TOTAL DEP.	11	←	←	←	←	←
TOTAL CLAIMS	15	██████████	██████████	██████████	██████████	██████████

CLAIM NO.	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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